Leadership Chapter Membership Application

Student Full Name: _____

Student E-mail: _____

Address:

_____

_____

Student Phone Number: _____

Can we text this phone number: YES NO

T-shirt Size: S M L XL Current Grade: _____

Student Birth Date: _____/_____/_____

Tell us about yourself:

_____

_____

_____

_____

Administrative Use Only:
Has member paid their $15 dues: YES NO
Date Confirmed as HoPe Leadership Chapter Member: _____/_____/_____

The mission of HoPe is to increase the graduation rate among Hispanic high school students through leadership, education, and community service.